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PTO/58/05 (12-97)

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	0146-2026	Total Pages	88
	First Named Inventor or Application Identifier			
	David H. Farb			
	Express Mail Label No.	EK360602607US		

PTO
09/652345
JC542 U.S. SI.

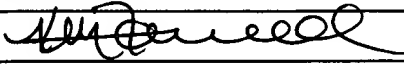
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>88</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention. - Cross References to Related Applications. - Statement Regarding Fed sponsored R & D. - Reference to Microfiche Appendix. - Background of the Invention. - Brief Summary of the Invention. - Brief Description of the Drawings <i>(if filed)</i> . - Detailed Description. - Claim(s). - Abstract of the Disclosure. 3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Sheets <u>32</u>] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d)) c. <input checked="" type="checkbox"/> Unexecuted <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i> 1. <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: _____ _____ _____ 17. If a CONTINUING APPLICATION, check appropriate box and supply the required information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____
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18. CORRESPONDENCE ADDRESS					
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Kevin M. Farrell				
SIGNATURE					
DATE	9/31/00				

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007E20-57E25960

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Title: EFFECT OF STEROIDS ON NMDA RECEPTORS DEPENDS ON SUBUNIT COMPOSITION

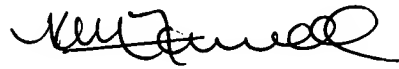
The filing fee for the referenced application has been calculated as shown below.

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION
	TOTAL CLAIMS	57-20 =	37	X 18	666
	INDEPENDENT	6-3=	3	x 78	234
	MULTIPLE DEPENDENT CLAIMS			260	
			BASIC FEE		690
			SUBTOTAL		1,590
	Reduction by 50% for filing by small entity				
	TOTAL =				795

____ Please charge my Deposit Account No. 06-0130 in the
amount of \$ _____. Two copies of this
transmittal are enclosed.

____ A check in the amount of \$ _____. to cover the filing
fee is enclosed.

Respectfully submitted,



Kevin M. Farrell
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Dated: 8/31/00

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